



Planned Home Birth & Certified Professional Midwives

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Recent Epidemiology

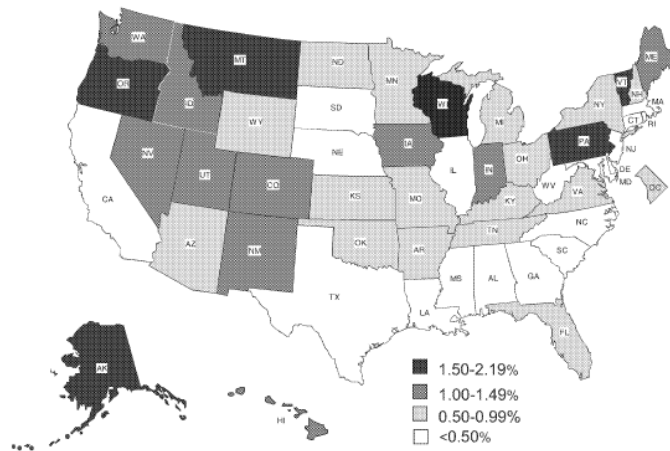


Fig. 3. Percentage of home births by state of residence, 2008. Source: Birth certificate data from the National Vital Statistics System.

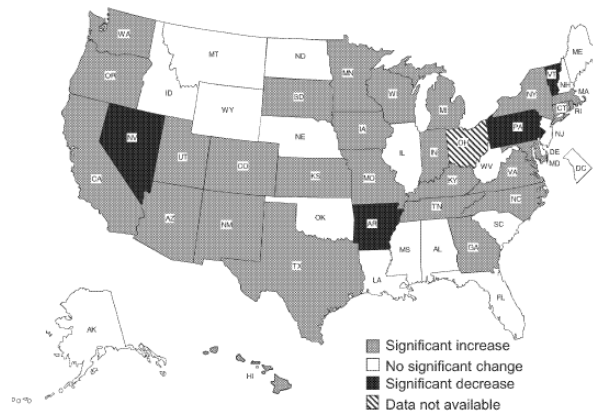


Fig. 4. States with statistically significant increase or decrease in the percentage of home births, 2004 to 2008. Note: Data are tabulated by mother's state of residence. Source: Birth certificate data from the National Vital Statistics System.

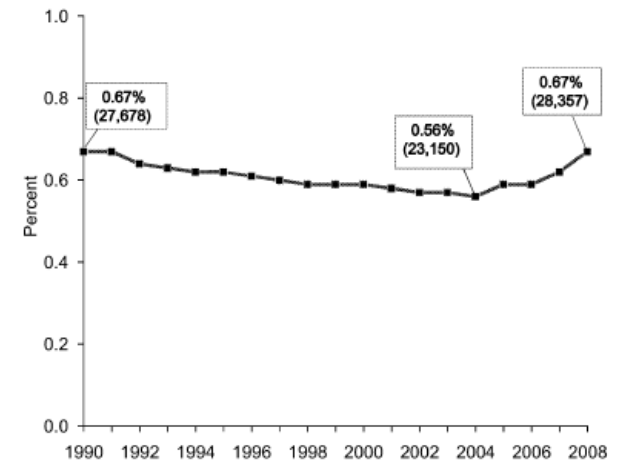


Fig. 1. Percentage of births occurring at home, United States, 1990 to 2008. Note: Numbers of home births are shown within parentheses after percentages. Source: Birth certificate data from the National Vital Statistics System.

Why Women Choose Home Birth

The Evaluation Methodology

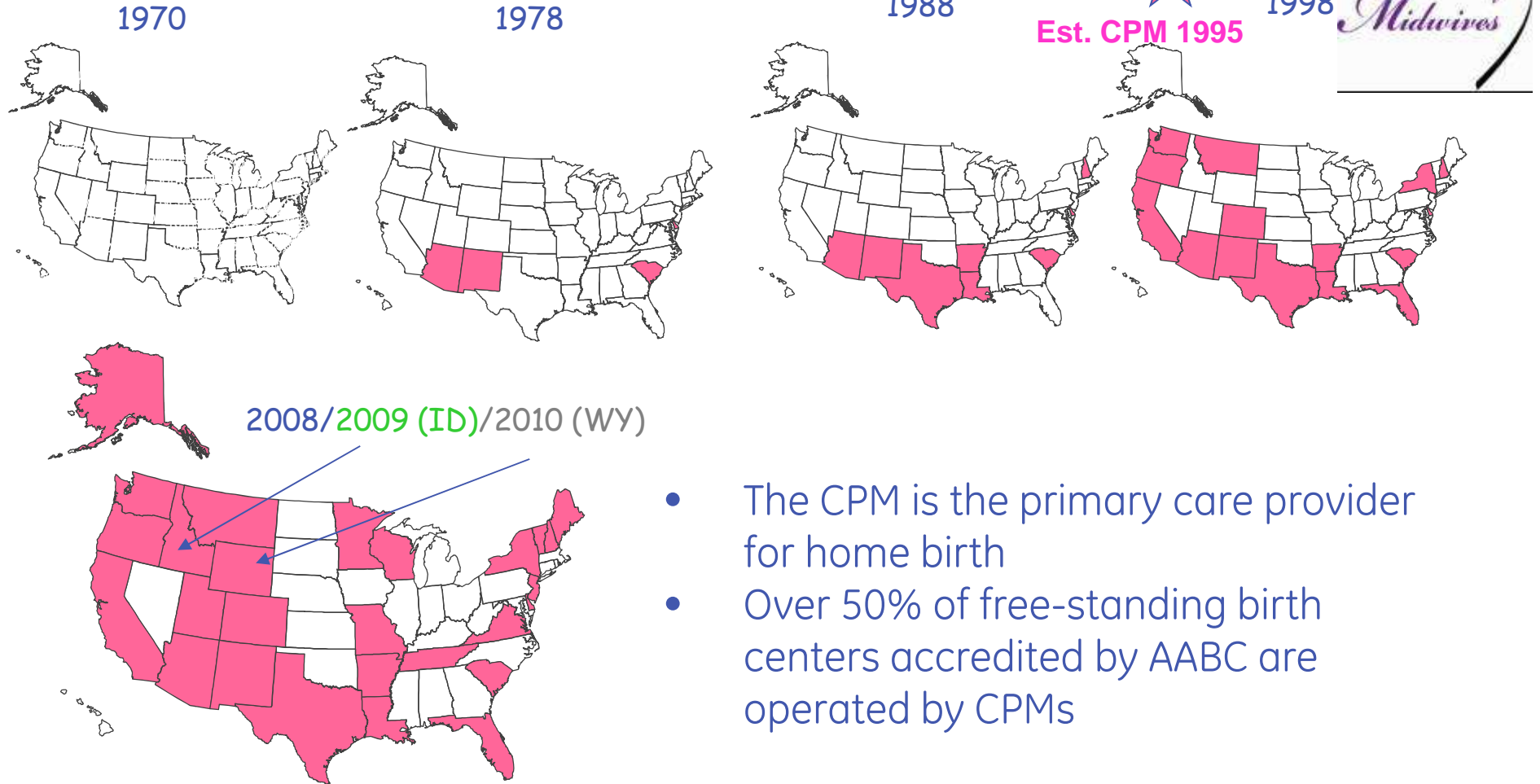


Attribute	Planned Hospital Birth	Midwife Attended Home Birth	Comment
Maternal Mortality	Rare, but concern for excess	Evaluated Benefit	Reduced C/S
Intrapartum & Neonatal Mortality	Reference	~1/1000	Similar, or indifferent for low risk pregnancies with trained midwives
Preterm Low Birthweight	Reference	Reduced	Significant investment in prenatal care
Cesarean Section Rate	~20%	~4%	Substantial Difference
Peripartum Hysterectomy	Reference	Evaluated Benefit	Reduced C/S
Complications in Future Pregnancies	Reference	Evaluated Benefit	Reduced placental complications with reduced cesareans
Post-partum Depression & Psychosis	Reference	Evaluated Benefit	Reduced interventions
Hospital Setting for Birth	100%	~10%	
Caseload Care	Uncommon	Expected	
One-on-One Care During Birth	Uncommon	Expected	
Home Post-Partum Care	No	Yes	
Cost	Reference	One Third	

Many Evaluated Benefits in Quality & Safety

<http://www.bmj.com/content/330/7505/1416.full>

Licensing Trends



Over 2000 CPM Credentials have been Awarded
27 States Legally Recognize CPMs & 25 Regulate

North Carolina Post Licensure



- Professional Midwifery Board to promulgate rules and begin issuing licenses (~12 months)
- Workforce increase
 - Approximately 30 NC CPMs + some VA/TN/SC CPMs seek license
 - Can attend ~1000 women per year
- Initial increase in planned home birth (jump to steady state)
 - Women leaving state will stay home
 - Planned unattended home birth minimized
 - Women who labor at home unattended will stay at home for birth
 - Regional rates are 0.5%-1.0% (600 to 1200 per year for NC)
- Long term expectation is NC will follow national trends
- Effort to create NC midwifery school approved by NCDOE or MEAC
 - Experience exists in state
 - At least two out of state options exist in the interim for the students who are early in training
- Regulation and professional discipline
 - Some complaints dismissed as simple objections to home birth
 - Virginia conducted five investigations in the first 5 years of licensure
- Surveillance and epidemiology
 - Data quality now assured
 - Can monitor outcomes against published literature

We Will Have Done The Best We Can Do



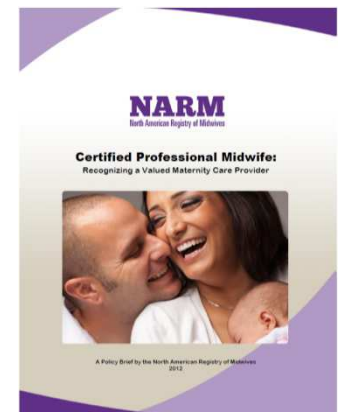
BACKUP

Certified Professional Midwives



- Requirements established and maintained by the North American Registry of Midwives (NARM)
- Nationally recognized credential
 - Accredited by the National Commission for Certifying Agencies (NCCA)
 - Competency based training program
- Three elements of education & training
 - Didactic (knowledge)
 - Either preceptor led or midwifery school
 - Skills
 - Experience requirements
 - Consistent with other providers of primary maternity care
- Students must pass credentialing examination

The **American Public Health Association** supports “increased access to midwifery services,” and “efforts to increase access to out-of-hospital maternity services ... through recognition that legally-regulated and nationally certified direct-entry midwives can serve clients desiring safe, planned, out-of-hospital maternity care services.” (APHA Resolution *Increasing Access To Out-Of-Hospital Maternity Care Services Through State-Regulated and Nationally-Certified Direct-Entry Midwife*,” October 24, 2001)



Schools of Midwifery



MEAC Accredited Programs

Bastyr University Department of Midwifery, WA
Birthingway College of Midwifery, OR
Birthwise Midwifery School, ME
Florida School of Traditional Midwifery, FL
Maternidad La Luz, TX
Midwives College of Utah, UT
National College of Midwifery, NM
National Midwifery Institute, VT
Nizhoni Institute of Midwifery, CA

*** States with both types of Midwifery schools (MEAC and state approved)**

Schools recognized by a state, either through eligibility for licensure or accredited by the state's education department

Association of Texas Midwives training program, TX

Aviva Institute, MN

Commonsense School of Midwifery, FL

International Institute for Healthcare Professionals, FL

Association of Texas Midwives, TX

Dar La Luz, SC

Midwife to Be, SC

International School of Midwifery, FL

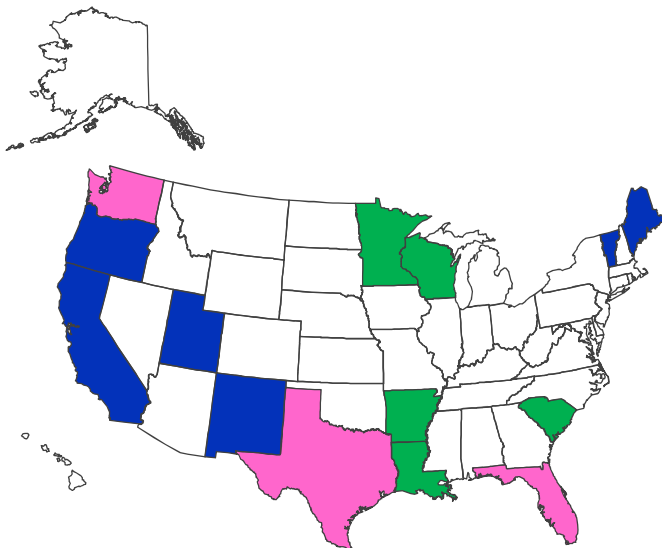
Renaissance, FL

Via Vita, AK

Southwestern Technical College, WI

National College of Naturopathic Medicine, WA

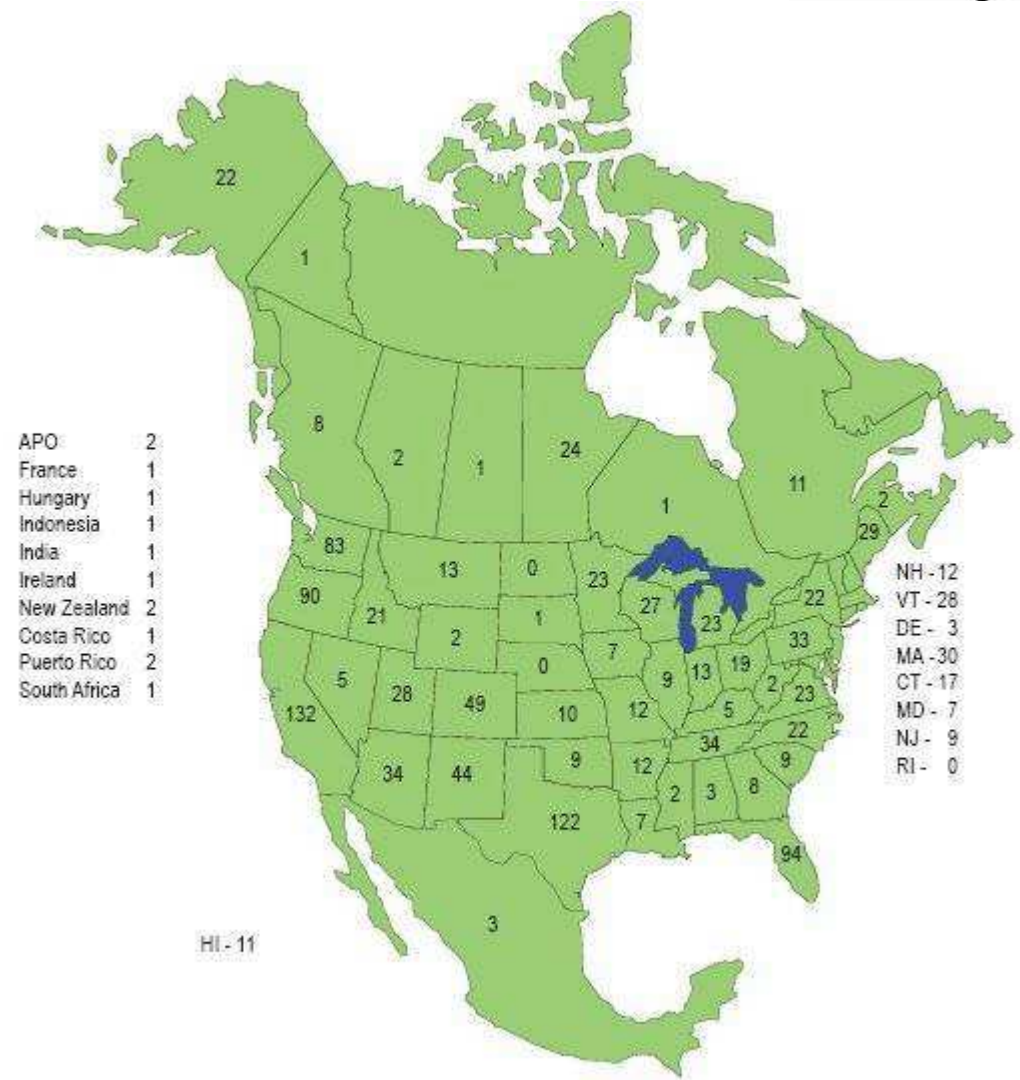
South Louisiana Community College Midwifery Program, LA



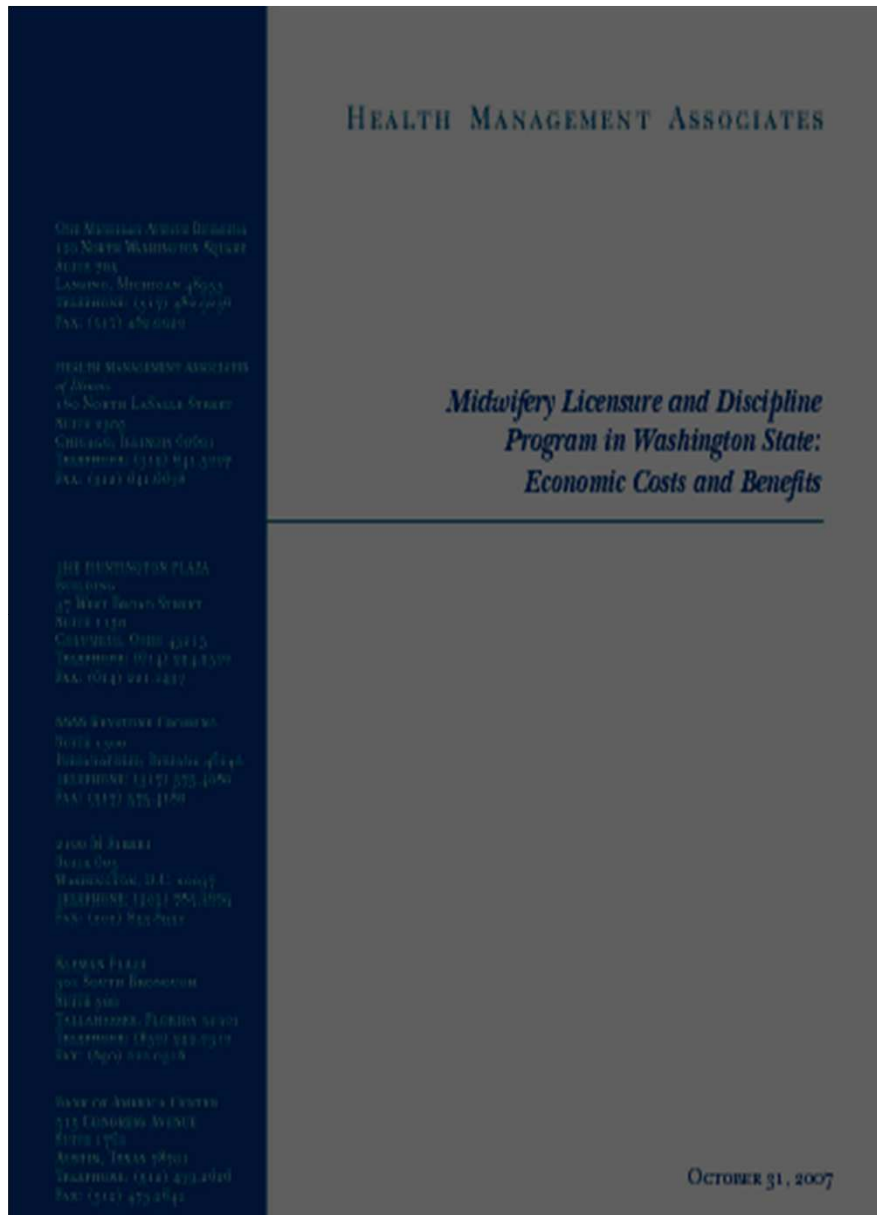
Home Birth Caregiver Demographics



- The CPM is the primary care provider for women who choose home birth
 - > Growing at a steady rate
 - > Over 2000 CPM credentials issued by 2011
- According to ACNM
 - > Approximately 1% of CNM attended births are in the home setting
 - > It is estimated that between 150 and 300 CNMs attend home birth in the US
- A very few physicians attend home birth
- There remain an unknown number of Traditional Midwives who attend home birth



Geographical Distribution of CPMs in 2007



Cost of Maternity Care

Problems

- > High cost of interventions
- > Sickness model of care
- > Insurance
- > Medicaid
- > Socio-economic disparities

Midwife Solution

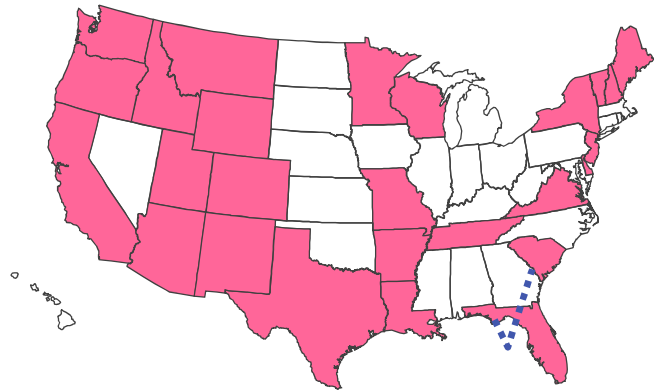
- > Promotes maternal health
- > Reduced interventions
- > Eliminates facility costs
- > Cost reduction of 2x to 5x

Licensed Midwives Save Washington State \$2.7
Million per Biennium

Malpractice Insurance Mandate – A Costly Mistake



Licensed States



Malpractice Required for Medicaid Only



- Not widely available and expensive
- Will increase costs to home birth families
- Only one out of 27 state's impose this mandate, and they had to establish state JUAs
- No individual mandate to buy professional liability insurance for any other healthcare profession in NC
- Strong informed consent regarding lack of insurance, so family can decide
- Vicarious liability protection for physicians and hospitals in S662/H522

Condition of Licensure

State Center for Health Statistics



One MD Attending Home Birth
(~50 per year from 2007-2011)

YEAR	ATTENDANT	TOTAL BIRTHS	Home Births	Born-Before-Arrivals	Hospital/Other Institutions
2009	MD	110,500	142	73	110,285
	DO	1,986	2	2	1,982
	CNM	13,265	73	11	13,181
	Other Midwife	78	12	0	66
	Other	631	348	10	273
	Unknown	325	1	0	324
	TOTAL	126,785	578	96	126,111

~300-350 CPM Attended Home Births
(~10% transfer to hospital)

Licensure Enables Quality Data